

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

# ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 128-417  
Registered No. \_\_\_\_\_

1. PLACE OF BIRTH County <u>Pima</u> State _____ District or Township _____ or Village _____ City <u>Miami</u> No. _____ St. _____ Ward _____ (If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>Florentino Francisco Felix</u> (If child is not yet named, make supplemental report, as directed.)			
3. Sex of Child <u>Male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>Yes</u>
5. No., in order of birth _____		7. Date of birth <u>April 2, 1925</u> Month _____ Day _____ Year _____	
8. FATHER Full name <u>Mmanuel A. Felix</u>		14. MOTHER Full maiden name <u>Sofia Lucero</u>	
9. Residence (Usual place of abode) <u>Miami</u> If non-resident, give place and state. <u>Arizona</u>		15. Residence (Usual place of abode) <u>Miami</u> If non-resident, give place and state. <u>Arizona</u>	
10. Color or race <u>White</u>	11. Age at last birthday <u>27</u> (Years)	16. Color or race <u>Mexican</u>	17. Age at last birthday <u>22</u> (Years)
12. Birthplace (city or place) <u>Sinaloa</u> (State or country) <u>Mexico</u>		18. Birthplace (city or place) <u>Cuauhtemoc</u> (State or country) <u>Mexico</u>	
13. Occupation Nature of industry <u>Miner</u>		19. Occupation Nature of industry <u>Housewife</u>	
20. Number of children of this mother <u>2</u> (Taken as of time of birth of child herein certified and including this child.)		21. Were precautions taken against ophthalmia neonatorum? <u>Yes</u> (a) Born alive and now living <u>2</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 2-P m. on the date above stated.  
(Born alive or stillborn.)

Signature Charles E. Irwin  
(Physician or midwife.)

Address Miami Arizona

Filed Jan 5, 1926 C. E. Irwin  
Registrar

667-402-236